

TRAVEL EXPENSE CLAIM

[See Instructions and Privacy](#)

Statement on Reverse Side

STD 262 (REV. 10/92)

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CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Will Fox				Governor's Office	
POSITION	CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Deputy Chief of Staff		Executive Office			
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS			TELEPHONE NUMBER
		State Capitol			
		CITY	STATE		
		Sacramento	CA		95814

[illegible]

CLAIM TOTAL

288.20

~~\$294.82~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff Governor for GPD funeral

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED	
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
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93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240521

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750 0751 0752 0753 and 0754

pertaining to vehicle safety and seat belt usage

DATE _____

5/6/09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

5/18/05

DATE _____